



08-05-04

16966-00002  
PATENTRCE  
2635

## THE UNITED STATES OFFICE OF PATENTS AND TRADEMARKS

Applicant: Tamori

Serial Number: 09/424,685

Filed: January 11, 2000

For: INFORMATION  
RECORDER/PROCESSOR AND  
EQUIPMENT/SYSTEM  
CONTROLLER BOTH  
PROVIDED WITH FINGERPRINT  
SENSOR

Art Unit: 2635

Examiner: C. Yang

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER OF PATENTS AND TRADEMARKS**Express Mail mailing label number: EL 977 940 432 USDate of Mailing: August 4, 2004

RECEIVED

AUG 09 2004

I certify that the documents listed below:

Technology Center 2600

- Certificate of Express Mailing (1 page)
- Request for Continued Examination Transmittal (1 page, in duplicate)
- Amendment Transmittal (3 pages, in duplicate)
- Amendment in response to Office Action February 5, 2004 (18 pages)
- Return post card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



\_\_\_\_\_  
Alan L. Cassel  
Reg. No. 35,842  
ARMSTRONG TEASDALE LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102-2740  
(314) 621-5070



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tamori : Group No.: 2635  
Serial No.: 09/424,685 : Examiner: C. Yang  
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For: INFORMATION :  
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:

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**RECEIVED**

**TRANSMITTAL**

AUG 09 2004

1. Transmitted herewith is:

Technology Center 2600

- Certificate of Express Mailing (1 page)
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**STATUS**

2. Applicant

 

claims small entity status.  
is other than a small entity.

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**THE COMMISSIONER FOR PATENTS**

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*Alan Cassel*  
\_\_\_\_\_  
Alan L. Cassel, Reg. No. 35,842

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input checked="" type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$ 475.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

### OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$9 = \$		x \$18 = \$
		MINUS		=	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$	
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

(a)  No additional fee for Claims is required

**OR**

(b)  Total additional fee for claims required \$

**FEE PAYMENT**

5. \_\_\_\_\_ Attached is a check in the sum of \$ \_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$475.00.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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